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## APPLICANTS

Andrew Dunshea, Austin, TX;

Dirk Michel, Austin, TX;

\*\* CONTINUING DATA \*\*\*\*\*

*No Con data*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

*No Foreign Data*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 4	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

## ADDRESS

Marilyn Smith Dawkins  
 Intellectual Property Law Dept.  
 IBM Corporation  
 11400 Burnet Road  
 Austin, TX  
 78758

## TITLE

Page replacement with a re-reference indicator

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
RECEIVED 918		<input type="checkbox"/> 1.16 Fees ( Filing )
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